

PROJECT 10073 RECORD

1. DATE - TIME GROUP 3 September 65 03/0746Z	2. LOCATION Moraine, Ohio
3. SOURCE Civilian	10. CONCLUSION Astro (JUPITER) ✓
4. NUMBER OF OBJECTS One	Sighting characteristic of the report of an Astro Body (Star/Planet)
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS
6. TYPE OF OBSERVATION Ground-Visual	Bright night. Observation of object still in sight while report being made. Appeared only as a bright clear bluish white light. Object extremely bright. Brighter than the stars. Semi-Circular in shape. Appeared to be moving with the rotation of the Earth. At 45 deg elevation in the NE. Observed initially from car. Very star-like in appearance except much brighter. (Also reported as low on horizon).
7. COURSE Stationary	Star CAPELLA at 45 degrees in NE. JUPITER at 30 deg elevation 080 deg azimuth. Probable error in direction and elevation. More likely that JUPITER was being observed due to reported brightness. JXIX JUPITER has a magnitude of -1.8, CAPELLA 0.2.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

34. Date you completed this questionnaire:

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Present on looking back
to position of 3 55 25

From the position
of the ship, first sighting
of the target, but the
sighting was very poor
and the target was
not clearly visible. The
sighting was made at
a distance of about 10
miles. The target was
seen as a dark object
in the water. The
sighting was made at
a distance of about 10
miles.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 IF you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses:

[REDACTED]
[REDACTED]
[REDACTED]

DAYTON 39

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]
Last Name First Name Middle Name

ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED]
City Zone State

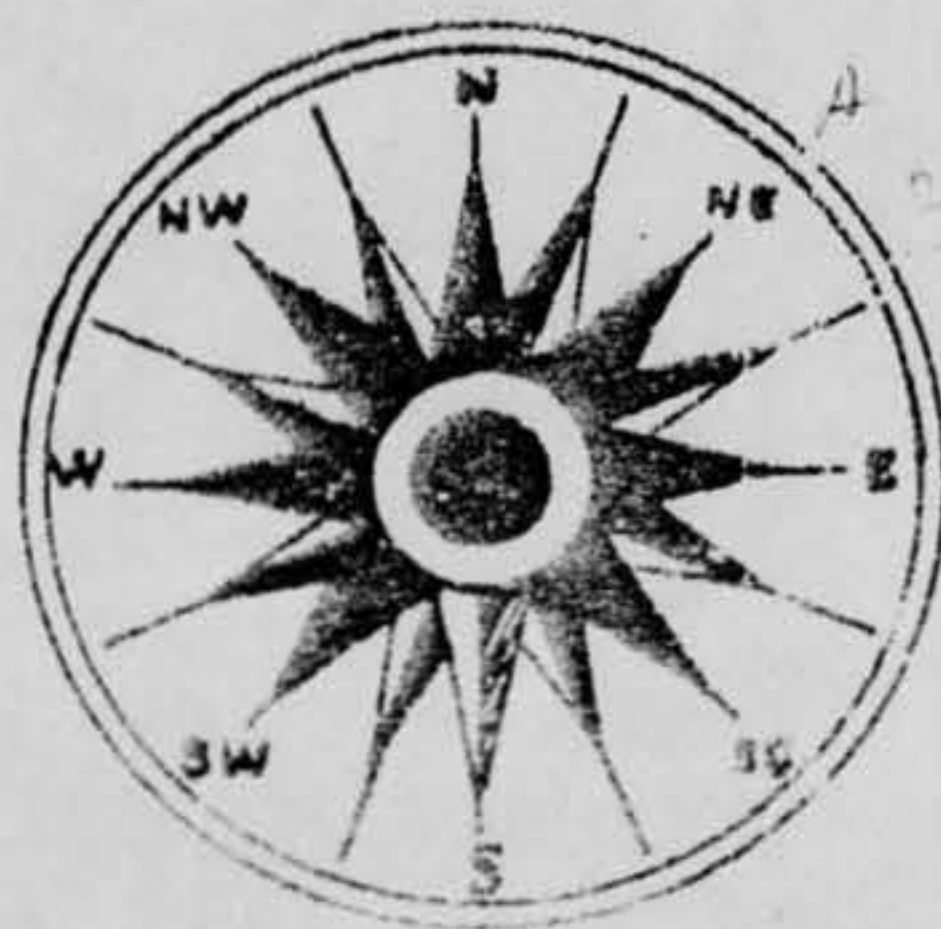
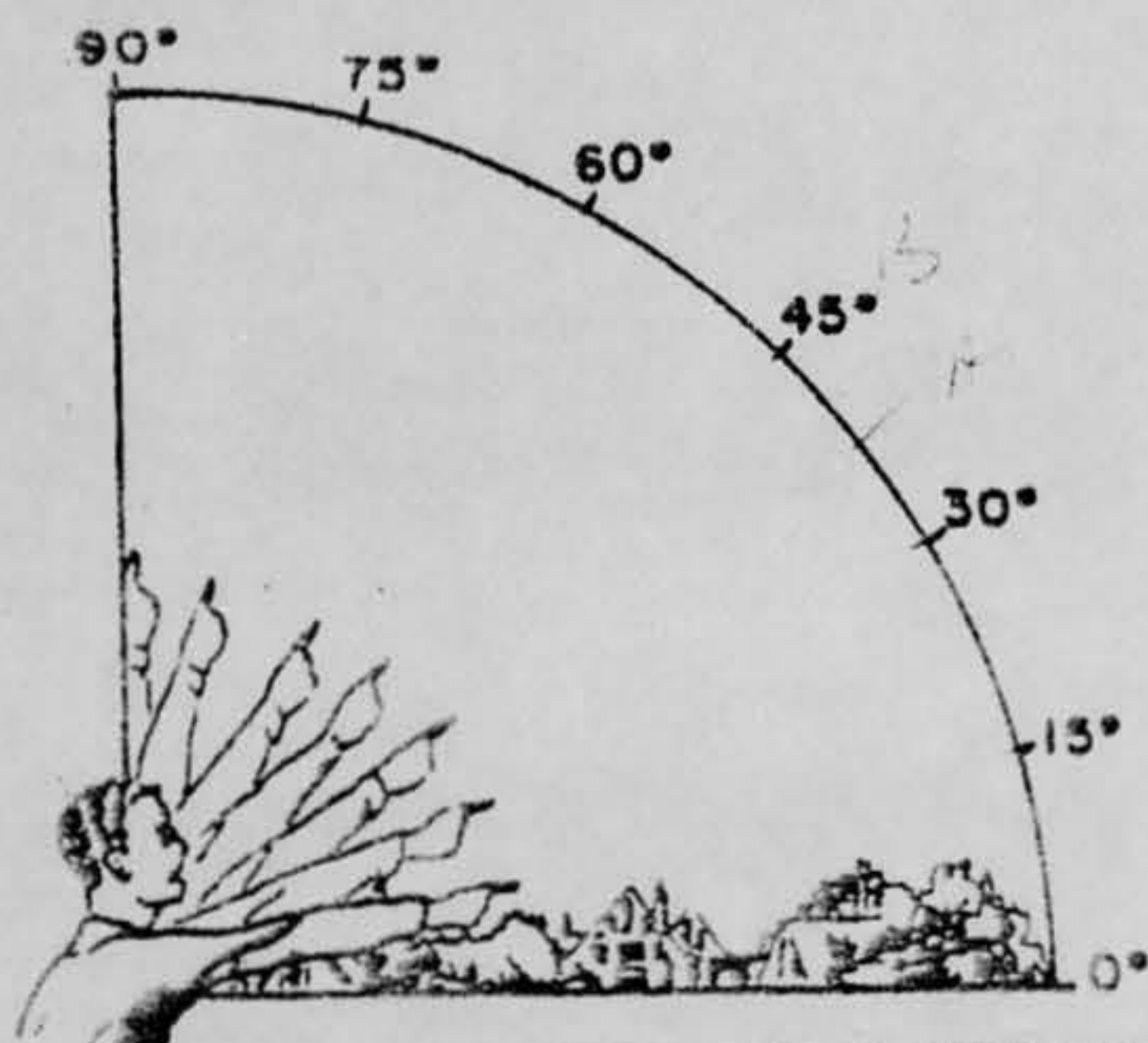
TELEPHONE NUMBER [REDACTED] [REDACTED] SEX [REDACTED]

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day Month Year

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw

14. Did the object disappear while you were watching it? If so, how?

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☐ No ☒ Don't Know. IF you answered YES, then tell what in front of:

17. Tell in a few words the following things about the object:

a. Sound

b. Color

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Supermarket light

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|--------------------------|----------------------------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| c. Break up into parts or explode? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| d. Give off smoke? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| e. Change brightness? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| f. Change shape? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| g. Flash or flicker? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| h. Disappear and reappear? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |

3 SEPT

S/P

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

2 SEP 65
Day Month Year

2. Time of day:

02 46
Hour Minute

(Circle One):

A.M. or P.M.

3. Time Zone:

(Circle One):
a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other

(Circle One):
a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[Redacted]
Address (Street Address)

[Redacted]
City or Town

[Redacted]
State or County

5. How long was object in sight? (Total Duration)

1 00 00
Hours Minutes Seconds

a. Certain

c. Not very sure

b. Fairly certain

d. Just a guess

5.1 How was time in sight determined?

5.2 Was object in sight continuously?

Yes

No

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):
a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember